

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157592		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/09/2013	
NAME OF PROVIDER OR SUPPLIER LMR INDIANA HOME CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7101 BROADWAY STE 1 MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for an extended federal home health agency recertification survey that was conducted 12/10/13 - 12/13/12.</p> <p>Survey date: January 9, 2013</p> <p>During this survey, 1 condition level and 12 standard level deficiencies were found corrected.</p> <p>Facility #: 011123</p> <p>Medicaid #: 200857640</p> <p>Surveyor: Ingrid Miller RN, PHNS</p> <p>Skilled unduplicated census: 160</p> <p>LMR is precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 12/19/12 to 12/19/14 due to being found out of compliance with the Conditions of Participation 42 CFR 484.30 Skilled Nursing Services.</p> <p>LMR Indiana Home Care Inc. is in compliance with the Conditions of Participation 42 CFR part 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 10, 2013</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.